



# DENTAL ASSISTANT REGISTRATION APPLICATION

TEXAS STATE BOARD OF DENTAL EXAMINERS

333 Guadalupe, Tower 3, Suite 800

Austin, Texas 78701-3942

Website: [www.tsbde.texas.gov](http://www.tsbde.texas.gov)

## Application Process:

1. All questions must be answered. Incomplete applications cannot be processed.
2. Include a copy of all required documents. (See Page 2 for Instructions)
3. Military Active Duty, Veterans and Active Duty Military Spouses do not pay an application fee.

**APPLICATION FEE \$36.00**

Military Active Duty, Veterans,  
Active Duty Military Spouse: **NO FEE**

## Personal Information:

Date: \_\_\_\_\_

Social Security Number: \* \_\_\_\_\_

Legal First Name (Print) \_\_\_\_\_

Legal Middle \_\_\_\_\_

Legal Last Name \_\_\_\_\_

Former Names you have used? \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Military Status:** If you are military, include a copy of one of the following: Copy of Military Orders, I.D. Card or proof of Honorable or General Discharge.

\_\_\_\_\_ Not Military \_\_\_\_\_ Active Duty Military\*\* \_\_\_\_\_ Veteran\*\* \_\_\_\_\_ Active Duty Military Spouse\*\*

\* - The TSBDE requires an applicant to provide a SSN as a part of the licensure, certification or registration process. The SSN of an applicant for a license, certificate, or registration or other legal authorization issued by the TSBDE is confidential and not subject to disclosure under Chapter 552 of the Texas Government Code.

\*\* - Military should provide one of the following: Military Change of Station Orders, Military I.D. Card or a document showing Honorable or General Discharge.

## Contact Information: (Do Not Abbreviate Information)

MAILING

ADDRESS: \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

DAYTIME  
PHONE: \_\_\_\_\_

E-MAIL

ADDRESS: \_\_\_\_\_

## Primary Employer: (Leave Blank if not currently working. Notify the TSBDE when you have a primary employer address)

DENTIST NAME \_\_\_\_\_

OFFICE TELEPHONE NUMBER \_\_\_\_\_

OFFICE LOCATION \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

**Background Information:** If you answer **YES** to **any** question below you **MUST** write a letter of explanation and provide certified copies of court documents concerning each conviction or deferred adjudication.

Have you:

\_\_\_\_ Yes \_\_\_\_ No Been chronically or habitually intoxicated or addicted to intoxicants, drugs, or controlled substances?

\_\_\_\_ Yes \_\_\_\_ No Have you ever received a deferred adjudication, been arrested, or been convicted of an illegal offense?

**IN ADDITION:** I hereby give my permission for the Texas State Board of Dental Examiners to secure additional information or documentation concerning me or any of the statements in this application from any person or source. I, the applicant herein, state that all facts, statements and answers contained in this application are true and correct. I am not omitting any information, which might be of value to this Board in determining my qualifications whether it is called for or not. I agree that any falsification, omission, or withholding or pertinent information or facts concerning my qualifications as an applicant shall be sufficient to bar me from registration by the State Board of Dental Examiners and such falsification, omission, or withholding shall serve as sufficient grounds for the revocation, cancellation, or suspension of my registration if it is not discovered until after issuance.

**DO NOT SIGN THIS DOCUMENT UNTIL YOU ARE WITH A NOTARY PUBLIC. A NOTARY MUST WITNESS YOU SIGNING THIS DOCUMENT.**

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### THIS SECTION TO BE COMPLETED BY THE NOTARY PUBLIC WITH THE APPLICANT PRESENT

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me \_\_\_\_\_ on this day personally appeared \_\_\_\_\_  
(Notary Name) (Applicant Name)

known to me through \_\_\_\_\_ (Description of identity card or other document) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, A.D., \_\_\_\_\_.

(SEAL)

NOTARY PUBLIC

## **RDA Registration Process**

**STEP 1. Applying for your RDA Certificate.** (Do not pay another application fee if you have paid your application fee online)

- Fill out the Dental Assistant Registration (RDA) Application.
- In front of a Notary Public, sign your RDA Application.
- Ask the Notary Public to fill out the bottom portion of the RDA Application.

**STEP 2. Keep a Copy of your Application Package for Your Records.**

- Make a copy of your Dental Assistant Registration (RDA) Application for you to keep.
- Make a copy of your RDA Course Completion Document for you to keep.
- Make a copy of your Social Security Card for you to keep.
- Make a copy of your CPR Card for you to keep.
- Keep a record of your payment. (Example: Make a copy of your check or save the money order receipt)

**STEP 3. Your RDA Application Package (What to Send to the Dental Board).**

- Mail to the Dental Board: the following:
  - Your Application Fee. (Military are not required to pay an application fee)
  - Your Dental Assistant Registration (RDA) Application.
  - Copy of your RDA Course Completion Document.
  - Copy of your CPR Card.
  - Copy of your Social Security Card.
  - Military Active Duty, Veterans and Active Duty Military Spouses must include a copy of Military Orders, I.D. Card or proof of Honorable or General Discharge.
  - **Notes:** Please allow 2 to 4 weeks for process. Incomplete applications will be returned without action.

**STEP 4. Paying Your Initial Renewal Fee to Receive Your New RDA Certificate.**

- You will receive a letter in the mail after your RDA Application has been processed by the Dental Board.
- This letter will tell you:
  - 1) Your Initial Renewal Fee amount that must be paid within 30 days.
    - What's an Initial Renewal Fee?**
      - This fee activates your newly issued RDA Certificate.
      - This fee is separate from the Application Fee.
  - 2) How to pay your Initial Renewal Fee online through the Dental Board Website.

**STEP 5. Receiving Your RDA Certificate in the Mail.**

- After you pay your Initial Renewal Fee you should receive your RDA Certificate in the mail within 7-10 business days.

### **CHECKLIST OF REQUIRED DOCUMENTS**

#### **Checklist:**

**(Xerox copies of all documents are acceptable)**

**Include the items listed at letters A, B, C, D, E and F if it applies to you.**

- A. \_\_\_ **Dental Assistant Registration Application.** Completely filled out and signature **notarized.**
- B. \_\_\_ **Application Fee.** (Military Active Duty, Veterans or Military Active Duty Spouses do not pay an application fee)
- C. \_\_\_ **Copy of your Social Security Card.** To obtain a Social Security Number visit: [www.socialsecurity.gov/ssnumber/](http://www.socialsecurity.gov/ssnumber/)
- D. \_\_\_ **Copy of your current (as indicated on the card) basic life support CPR certification card.**
- E. \_\_\_ **Copy of your Dental Assistant Course Completion Document** (This section does not apply to DANB CDAs)
- F. \_\_\_ **Background Information** (If you answered "**YES**" to either question in the Background Information Section, you **must** submit a letter of explanation and provide **certified** copies of official court documents concerning each conviction or deferred adjudication.
- G. \_\_\_ **Proof of Military Status** (Military Change of Station Orders, I.D. Card, or document showing Honorable or General Discharge.)

#### **Military Dental Assistants**

**Items A, B, C, D, E and F from the list above are to be submitted in addition to a copy of your Military Change of Station Orders.**

**Dental Assistants Credentialed with the Dental Assistant National Board (DANB):** ([www.danb.org](http://www.danb.org))

**Items A, B, C, D and F from the list above are to be submitted in addition to the following from Group 1 or 2:**

- 1. \_\_\_ 1A. \_\_\_ Copy of your TSBDE Jurisprudence Assessment dated within the preceding twelve (12) months.
- 1B. \_\_\_ Copy of your current DANB Certified Dental Assistant Credential.

#### **OR**

- 2. \_\_\_ 2A. \_\_\_ Copy of your Certificate of Completion of the DANB Infection Control Examination.
- 2B. \_\_\_ Copy of your Certificate of Completion of the DANB Dental Radiation Health and Safety Examination.
- 2C. \_\_\_ Copy of your TSBDE Jurisprudence Assessment dated within the preceding twelve (12) months.